

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10216

Registration District No. 1

Primary Registration District No. 1001

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2930 Seneca Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Joseph Daniel Wilmot 453

3. (b) If veteran, None name war. 3. (c) Social Security No. 491-09-7018

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Wilmot 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 27th 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 15 If less than one day. hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Caller

11. Industry or business Tootle Campbell Dry Goods

12. Name John D. Wilmot

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Sheehy

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph D. Wilmot

(b) Address 2930 Seneca St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Schubert

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) March 13, 1940 (b) Z. J. D. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2930 Seneca Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 25 1940, to Mar 12 1940,
that I last saw him alive on Mar 11 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration 2 wks
Cor. Insufficiency
Due to Arterio-sclerosis 3

Due to 93C
Other conditions Bronchial asthma 3 wks
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Not operated
Of operations
Of autopsy No autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) C
(b) Date of occurrence C
(c) Where did injury occur? C
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
85 (Specify type of place) (e) Means of injury C

23. Signature M. H. Vally (M. D. or other) 1940
Address Corby Bess Date signed 3/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Robert C. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.